



474/SK
11-25-03

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

Applicant: Treacy et al.

Examiner:

Serial No.: 09/899,448

Group Art Unit: 3738

Filed: July 5, 2001

FOR: PELVIC PROSTHESIS PLUS METHODS
AND TOOLS FOR IMPLANTATION

The Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Sir:

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TECHNOLOGY CENTER R3700

PRELIMINARY AMENDMENT

Preliminary to examination, please amend the above identified application as follows:

In the Drawing

Please replace the informal drawing that accompanied the application as filed with the enclosed EIGHT sheets of formal drawing.



Preliminary AMENDMENT TRANSMITTAL LETTER				Docket Number ST-004
Application Number 09/899,448	Filing Date 7/5/01	Examiner	Group Art Unit 3738	
Invention Title Pelvic Prosthesis Plus Methods And Tools For Implantation				

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS

Transmitted herewith is an amendment in the above - identified application.

Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.

A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

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CLAIMS AS AMENDED

	(1) CLAIMS REMAINING AFTER AMENDMENT	(2) MINUS HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT NUMBER EXTRA	RATE	Fee
TOTAL CLAIMS	28	minus	28	-	x \$ 18 -
INDEPENDENT CLAIMS	3	minus	3	-	x \$ 78 -
MULTIPLE DEPENDENT CLAIM ADDED				\$ 260	
			TOTAL		\$
If applicant is a small entity under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL		\$

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20".

*** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3".

The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.

Please charge Deposit Account Number _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account Number _____.
A duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

11/7/01

(Date)

(Signature)